



Employers should submit this form to NPF via i-Connect
(NCC send to PenDocs)

Employers not yet onboarded, post paper copy to:
Norfolk Pension Fund, County Hall, Martineau Lane, NORWICH. NR1 2DH

Name of Employer			
Member's Surname		Title	
First Names			
NI Number		Payroll Reference	

**** PROPOSED LEAVING DETAILS ****

Proposed Last Day of Membership (Official Date of Leaving)		Reason for Membership Ending	
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Entitled to Immediate Retirement Benefits		Voluntary Leaver (not entitled to Immediate Benefits)	
R1	Left employment: age 60+	V1	Left employment to take another job (under age 55)
R2	Left employment: age 55-59	V2	Opted Out of LGPS (still employed)
R3	Employment terminated: Redundancy (age 55+)	V3	Left employment following period of parental leave (under age 55)
R4	Employment terminated: Business Efficiency (age 55+)	V4	Left employment (under age 55) – other reasons
R5	Employment terminated: Entitled to ill health pension (any age)	Compulsory Leaver (contract terminated by employer)	
R6	Flexible Retirement (age 55+)	C1	Redundancy (under age 55)
R7	Age 75 attained – benefits payable	C2	Unsatisfactory Probation
		C3	End of Temporary Contract
Death		C4	Gross Misconduct
D1	Death in service	C5	Compulsory Transfer of employment (TUPE)
Separate Benefits		C6	EmployER has withdrawn from LGPS
S1	Still a member of LGPS but has opted to keep benefits separate	C7	Employment terminated by employer for other reason

**** EMPLOYER OPTIONS / DECISIONS ****

Where R5 – Ill Health Pension state:	Tier 1 / Tier 2 / Tier 3
If Additional Pension to be awarded at Employer's Cost – state additional amount:	per annum
Any Actuarial Reductions to be waived at Employer's Cost? If "Part" give details:	All / Part / None

**** DETAILS OF REQUESTOR ****

Name of Person Requesting Estimate	
Where should estimate be sent? (enter postal or email address)	
NB emails will be sent using secure email system	

[See notes on page 4 for help in completing this form]

**** PAY DETAILS ****

Full-time Equivalent (FTE) Final Pay (Pre 2014 definition)	Date	Amount
Year Ending with proposed last day of membership		
Year Ending 1 year prior to proposed last day of membership		
Year Ending 2 year prior to proposed last day of membership		
Year Ending with day before Normal Pension Age (65) where proposed last day of membership after this date		

Pensionable Pay (tax years from 2014/15 onwards)	Ending	Main section	50/50 Section
Last Tax Year	31/03/		
Current Tax Year to date	/ /		

Pensionable Pay For Projecting Benefits Forward	Main section	50/50 Section
Current Pensionable Pay per annum		

Assumed Pensionable Pay as at Proposed Last Day of Membership	p.a.
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**** CONTRIBUTION DETAILS ****

Additional Voluntary Contributions (AVC)	Tax-Year	Equitable Life	Clerical Medical	Prudential
Tax Year Before Leaving				
Tax Year of Leaving				

**** HOURS DETAILS ****

	PT Hours	WT Hours
Contractual Weekly Hours (as at Proposed Last Day of Membership) (Averaged hours if works term-time)		

Where no set contractual hours	PT Hours	WT Hours
Average <u>Contractual</u> Weekly Hours – during tax-year of proposed leaving date		
Average <u>Contractual</u> Weekly Hours – during tax-year prior to proposed leaving date		

[See notes on page 4 for help in completing this form]

**** FURTHER PAY DETAILS ****

Question		Answer	Action
Has member taken drop in full-time pay during 10 years prior to proposed date of leaving		YES / NO	If YES please provide details for 13 years ending 31 March starting with 31 March prior to proposed date of leaving
Was member issued with a Certificate of Protection (prior to 2008) because pay was reduced		YES / NO	If YES please provide details for 13 years ending with the anniversary of date of proposed date of leaving
	Period From	Period To	Full-time Equivalent (FTE) Final Pay (Pre 2014 definition)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Wet signature if paper copy otherwise input your email address in the 'Signed' box:

I confirm on behalf of the employer these details are correct and I'm authorised to do so

Signed: _____ Date: _____

Contact Name: _____ Telephone: _____

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NOTES TO HELP YOU COMPLETE THIS FORM

If you need assistance completing this form, please contact our
Member Services Team on 01603 495923

** ILL HEALTH AWARD DETAILS **

When requesting ill health retirement estimates (Reason R5) indicate which Tier of benefits is required.

** ADDED PENSION AWARD DETAILS **

This should be completed in accordance with the Employer's Pension Discretions Policy Statement.

** PAY DETAILS **

Full-time Equivalent Final Pay (FTE Final Pay): This figure is used to calculate pre-April 2014 benefits. The definition remains the same as that in place before April 2014 and therefore does not include non-contractual overtime. Pay lost due to periods of sickness or reduced pay in respect of child related leave should be added in. Where an employee works part-time the full-time equivalent amounts should be shown. Where there is less than a year in the period the figure should be grossed up to an annual amount.

Pensionable Pay: This is the new definition of pay (including any non-contractual overtime) on which pension contributions are payable. Where a member has a period of reduced or nil pay due to sickness or reduced pay in respect of child-related leave then Assumed Pensionable Pay (APP) should be included here instead of actual pay received for that period. Do not include APP for any period of additional unpaid child-related leave as this is treated as unpaid leave of absence.

Assumed Pensionable Pay (APP): This is pay in the last 3 months (or 12 weeks) pay up to the date of leaving – uprated to an annual amount. Where any pay has been lost due to sickness or child-related leave on reduced pay then appropriate amount of APP for that period should be included.

Main section / 50/50 Section: Pensionable Pay should be split between the Main section and 50/50 section depending on the rate of employee contributions payable.

** HOURS DETAILS **

For most members you will only need to complete the contractual hours as at last day of membership box. Ensure you show the averaged out figure for those staff who work term-time only. Also show the WT hours (e.g. 37.00).

** FURTHER PAY DETAILS **

Where the member has suffered a drop in pay in the last 10 years to date of leaving or was issued with a Certificate of Protection (prior to April 2008) because pay was reduced please provide the further FTE Final Pay details.

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